AF/261,

PATENT 450108-4542

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant (s):

Yasushi Tanaka

Serial No. :

09/284,699

Filed

April 19, 1999

For

INFORMATION TRANSMITTING METHOD AND TELEVISION BROADCAST RECEIVER

Examiner:

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Art Unit :

2611

JUL 0 1 2003

Mail Stop AF Commissioner for Patents P.O. Box 1450

Technology Center 2600

Alexandria, VA 22313-1450

Sir.

Transmitted herewith is an amendment in the above-identified application.

\_X\_ No additional fee is required.

The fee has been calculated as shown below.

This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

## Claims as Amended

(1)	(2) Claims remaining	(3)	(4) Highest number	(5)	(6)	(7)	
	after amendment		previously paid for	Present extra	Rate	Additional fee	
Total daims	30	Minus	30 =	0×	\$18(9)	= \$0.00	
Independent claims	4	Minus	4 =	0 ×	\$84(42)	= \$0.00	
			Total additi this amo		\$0.00		

If the entr	v in C	olumn 2 is	less than	the entry in	Column .	4 wr	ite "0" ir	Column	5

\_\_ This application contains a multiple dependent claim. The required fee of \$280 (\$140) has been previously paid \_, or is paid herewith .

This response is being filed within the \_\_\_ first month, \_\_ second month, \_\_ third month, \_\_ fourth month following the expiration of the term originally set therefor, and the fee of \_\_\_ \$110 (\$55), \_ \$410(\$205), \_\_ \$930(\$465), \_\_ \$1,450(\$725) for the requisite extension \_\_ paid herewith.

\_\_\_ Checks in the amounts of \$\_\_\_ and \$\_\_\_ are attached.

Charge \$\_ to Deposit Account No. 50-0320.

X Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop AF Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on June 25, 2003.

Gordon Kessler, Reg. No. 38,51

Name of Applicant, Assignee or Registe of Representative

Signature

Date of Signature

FROMMER LAWRENCE & HAUG LLP

Attorneys for Applicant(s)

By: Gor on Kessler

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If the highest number of total claims previously paid for is less than 20, write "20" in this space.

<sup>\*</sup> If the highest number of independent claims previously paid for is less than 3, write "3" in this space.